

Case Number:	CM14-0027293		
Date Assigned:	06/13/2014	Date of Injury:	03/31/2008
Decision Date:	07/16/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46 year old male who was injured on 03/31/08 when he fell off his bicycle and injured his right knee. The records indicate the injured worker underwent right knee meniscectomy in 06/2008. He is status post right knee arthroscopic partial medial meniscectomy on 02/25/13. Per progress report dated 08/26/13 the injured worker had a steroid injection at his last appointment which gave him two weeks of relief. On examination gait was normal. Incisions were well healed and non-tender. There was no swelling or effusion of the knee. He remained tender in the patella tendon and throughout the medial patellofemoral joint. Range of motion was from 0 to 135 degrees. The knee was ligamentously stable. Synvisc injection was requested. The most recent progress report submitted for review is dated 02/10/14, and notes that the injured worker is describing continued pain in the anterior and medial aspects of the knee made worse in colder weather. On examination he walks with a minimal limp. The incisions are well healed with mild tenderness of the medial portal site. There is no swelling or effusion of the knee; swelling in the fat pad has resolved. He remains tender over the medial femoral condyle as well as throughout the medial joint line. He is tender along the pes anserinus. Range of motion was from 0 to 140 degrees with a mild patellofemoral click. Motion is pain free. The knee is ligamentously stable. Synvisc injection again was requested. Additionally, acupuncture was requested to address his muscular pain and tightness.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

12 SESSIONS OF ACUPUNCTURE TO THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.24.1 Acupuncture Guidelines Page(s): 8-9.

Decision rationale: Per CA MTUS guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines reflect that time to produce functional improvement is 3-6 treatments with frequency of 1-3 times per week. In this case, the injured worker is more than one year status post right knee arthroscopy. There is no comprehensive history of treatment to date including postoperative physical therapy completed to date. Also, there is no evidence that the injured worker has participated in any recent physical therapy for the right knee. There is no indication that the injured worker's medication has been reduced or that he has not tolerated medication. Based on the clinical information provided, the request for twelve sessions of acupuncture to the right knee is not recommended as medically necessary.